

Access to Infertility Services in the United States: Framing the Challenges

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Background

The right to procreate, and by extension the right to infertility services in general and assisted reproductive technology (ART) in particular, is rooted in the notion of procreative liberty, which rests on firm moral grounds. However, the present legal construct in the United States, wherein the state must protect but not necessarily provide for individual rights, uncouples the right to procreate from universal, let alone State-sponsored, underwriting of general infertility and ART services. It follows that women and couples seeking ART services must independently negotiate their access to care, creating a disadvantage that realistically can only be addressed by underwriters such as employers in the private sector and Congress and the States in the public sector. In order to better understand the challenges of establishing access to reproductive care in a shifting insurance landscape, this project studies the state of, and barriers to, access to general infertility and ART services; the development of public and private ART underwriting; and targets of advocacy within the underwriting universe.

The ever-use of infertility services in the United States is displaying a declining trend. What is more, the United States is lagging in the utilization of ART services relative to other member nations of the Organization for Economic Co-operation and Development (OECD) as gauged by the annual ART cycle start growth rate, the annual ART-attributable birth rate, and the ability to meet estimated ART demands. Economic barriers attributable to severely constrained underwriting compromise access to general infertility and to ART services. At present, ART underwriting in the United States is dominated by self-insured employers and by several state infertility insurance mandates. The contribution of traditional public and private underwriters is limited.

Summary

Access to general infertility and ART services in the United States is compromised by sociocultural, emotional, and geographic barriers. More importantly, access to general infertility and ART services is the subject of severely constrained underwriting resulting in high under- and un-insurance rates and out-of-pocket expenditures. As compared with other OECD member nations, wherein health care underwriting is all but universal, this status quo can only be characterized as unequal and unethical. What is more, this status quo is socially unjust in that the right to build a family in the face of infertility appears to have become a function of economic station. Given the overwhelming dominance of the self-insured employers as underwriters of general infertility and ART services, advocacy directed at this interest group is deemed most productive to advancing ART coverage.